

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

June 6, 2003

Re: IRO Case # M2-03-0726

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 41-year-old male who on ___ injured his back after pulling a heavy object. He has occasional lower extremity pain and some numbness, but not consistently. Physical therapy helped initially, but not completely. The patient was thought to have an essentially "mechanical" back pain problem without radiculopathy. An MRI on 7/28/02 showed degenerative joint disease changes, mainly at L4-5, and no HNP or other source of nerve root compression. There was no evidence of spondylolisthesis. Plain x-rays were reported on 7/19/02 as not showing any spondylolisthesis or spondylospondylolysis. Despite this and MRI findings, on several occasions the diagnosis of lumbosacral spondylolysis has been made. Based on the records presented for this review, there is no evidence on a radiology report of that being present.

Requested Service(s)

L4-5 lumbar fusion

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

There are conflicting reports about the exact nature of the problem in the lumbar spine, and about x-ray and imaging evaluation. The requesting surgeon consistently mentions lumbosacral spondylolysis despite the fact that on one occasion he indicated that it was not present. If indeed he is basing his surgery at L4-5 on lumbosacral spondylolysis, that is not reasonable, assuming he means by *lumbosacral*, the L5-S1 level. The documentation provided for this review does not include any report showing the potential of instability, which, of course, is the primary reason for fusion.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 9th day of June 2003.